

MEDICAL FOSTER HOMES – Q&A

OVERVIEW

What is a medical foster home?

A MFH is an adult foster home combined with a VA interdisciplinary home care team, such as VA HBPC or SCI-HC, to provide non-institutional long-term care for Veterans who are unable to live independently and prefer a family setting. As such, a MFH is a form of CRC for the more medically complex and disabled Veterans, and is generally distinguished from other CRC homes by the following:

- 1) The home is owned or rented by the MFH caregiver;
- 2) The MFH caregiver lives in the MFH and provides personal care and supervision;
- 3) There are not more than three residents receiving care in the MFH, including both Veterans and non-Veterans; and
- 4) Veteran MFH residents are enrolled in a VA HBPC or SCI-HC Program.

Which Veterans are eligible for VA medical foster homes?

MFH targets Veterans who meet the following eligibility criteria for CRC, which includes:

- 1) At the time of referral to MFH, the Veteran is receiving VA medical services on an outpatient basis; in a VA medical center, domiciliary, or nursing home care; or has received such care or services within the preceding 12 months.
- 2) The Veteran meets the nursing home level of care and prefers a non-institutional setting for long-term care, but does not need nursing home or hospital care if a MFH is available.
- 3) The Veteran is unable to safely live independently due to functional, cognitive, or psychosocial impairment.
- 4) The Veteran's family is not able to provide needed monitoring, supervision, and personal assistance.

Additional target population criteria for MFH includes the Veteran:

- 1) Having complex medical conditions requiring care from a VA interdisciplinary home care team and accept care from this home care team.
- 2) Having care needs that can be met by the MFH and the VA interdisciplinary home care team.
- 3) Not being effectively managed solely by routine clinic-based care, as evidenced by one or more factors:
 - a. Impaired mobility due to disability or functional limitations.
 - b. Inability to cope with clinic environment due to cognitive, physical, or psychosocial impairment.
 - c. Need for frequent coordinated interventions from multiple disciplines.
 - d. Recurrent hospitalizations or urgent care episodes.

What support does VHA provide to the MFH Caregiver and Veteran?

They provide support of the interdisciplinary home care team, respite, DME, medications, caregiver training, etc.

How often are the MFH's re-inspected?

Per the CRC and the MFH handbooks, the homes are re inspected yearly and anytime MFH Coordinator or home care team member makes a visit to the home, one must be aware of the rules and regulations and one must be vigilant.

How does Joint Commission perceive the MFH Program?

The MFH homes, just like the CRC homes, are not surveyable by Joint Commission. The care provided by the interdisciplinary teams, (HBPC and/or SCI Home Care), is surveyable under the Home Care Standards. And Medical Centers are required to notify JC when starting any new program, including MFH program, but this is merely a JC reporting requirement that does not expose the MFH program to be surveyable.

Are these homes licensed?

These homes meet the appropriate state and local licensing regulations and fire codes, where applicable.

Would it be possible for a VA to send staff to observe an established program?

It certainly is a possibility for a VA to send staff to observe an established program. A visitation has been arranged for other programs and it appears to be effective in allowing others to observe a program that is established.

Is the VA Medical Foster Home Initiative permanent?

MFH is viewed as a permanent non-institutional long term care alternative for Veterans. Funding for this initiative is recurring and all sites receiving 1st year funding from VACO to implement MFH programs will be reviewed for 2nd year funding when available.

CRC

What is the CRC Program?

The VA's Community Residential Care (CRC) Program is a program that oversees the placement of Veterans into community homes. Those who bring Veterans into their homes are referred to as "sponsors." There are several types of CRC homes in addition to MFH including Assistive Living Facilities and Psychiatric Residential Homes.

How old is this CRC program?

This program has been active in the VA (nation-wide) since the 1950s and is very successful at other VA Medical Centers across the country. The concept behind the CRC program, whereby members of the community care for non-family members in their homes, has been around for centuries.

How much room is required for a Veteran to live in a CRC home?

The space requirements for MFH are identical with CRC requirements: Veterans, who will have a private room, must have at least 100 square feet, exclusive of closet space. Veterans, who will share a room, must have 80 square feet, exclusive of closet space.

ADMISSION OF VETERAN

How long does it take to place a Veteran in a Medical Foster Home?

It depends on the individual situation from three days to two weeks in some cases, depending on the capacity of the home care program. Sometimes Veterans get evaluated for MFH and they go to a community nursing home for 21 days of rehabilitation. They can be placed after completion of rehab.

Are there any requirements for placement of a Veteran in a Medical Foster Home? Are there Veterans that cannot be accepted in a Medical Foster Care Home?

There should be a screening interview process. It must include interviews with the prospective Veteran, the Veteran's family, prior care providers, and social worker/case manager as appropriate. The interview should

also include as necessary, any physician, nurse practitioner, registered nurse, pharmacist, therapist or mental health or other health care professional involved in the care of the Veteran. HBPC/SCI staff must be involved in the assessment of Veteran as Veteran needs to meet criteria for HBPC or SCI home care programs.

Veterans that do not meet the criteria for HBPC and SCI Homecare cannot be accepted into MFH. Other factors include history of aggressive behavior, wandering and some severe psychiatric problems are situations in which the Veteran may not be a proper candidate for MFH. It is recommended that the Veteran with a history of psychiatric admissions is cleared by the Mental Health for placement in a MFH.

What documentation is needed before and after placement into the Medical Foster Care Program?

Before: Medical records: history and physical, medication profile, labs, consultations, chest x-rays. Any other required forms that are used by the specific VAH for referral to long term care. If Veteran is hospitalized: Discharge summary should be obtained as soon as is available. Veteran should be evaluated by HBPC/SCI teams as soon as possible.

After: Administrative MFH forms (see draft MFH Handbook for list). VA release of information should be completed annually for MFH and any other community agency involved with the care of the Veteran.

How many residents should be placed in a given home?

When placing Veterans one should consider the personalities of Veteran/caregiver and the complexity of the Veteran's health, in addition to the capacity of the caregiver (e.g., prior experience, support service availability). Per the MFH Handbook, it is recommended that there are three or fewer residents (Veteran and non-Veteran) receiving care. There should be no more than two residents per able bodied caregiver at any given time, and no more than one bed bound resident per home.

FUNDING

Who is responsible for the cost of the medical foster home care?

Payment for the costs related to the MFH is the responsibility of the Veteran and not of the VA. These costs shall be reflected in the MFH Agreement, which is to be co-signed by the Veteran and the MFC caregiver and approved by the MFH Coordinator

Has there been any thought to seeking additional funds from Medicaid for supplementing the Veteran's income to assist with the Medical Foster Care rate?

VA regulations require that if a Veteran receiving VA pension has been approved for Medicaid long term care benefits, the VA pension will be reduced to \$90.00 a month. If the Veteran is not receiving a VA pension, caregiver may be able to secure payment under Medicaid long term care benefits if the state has those programs available.

Is the income from this program taxable?

Yes. The income is fully taxable and the caregiver is responsible for reporting this as income. The VA does not furnish any type of statement as to the amount of money the caregiver receives from a Veteran.

What role does the Medical Foster Care Coordinator play in determining the monthly rate for the Medical Foster Care Program?

Formally this is decided between the Veteran and MFH caregiver. The MFH coordinator should review local, state and federal guidelines regarding fee for services provided in a community adult care home – see Consumer Price Index. Level of care should be developed in relation to Veteran's ADL/IADL needs – we can

provide an example of level of care and price groups. The amount the Veteran will pay the caregiver is worked out and agreed to before a Veteran is placed in a home.

What involvement does the Coordinator have in ongoing rate review when the Veteran's condition deteriorates?

The Coordinator needs to explain to the Caregiver that they need to be involved in any rate increase review. An addendum to the Agreement will be completed.

Should caregivers be allowed to manage the Veteran funds?

No. It is strongly recommended that a family member or an appointed fiduciary handle the funds if the Veteran is unable to do so. In cases where there are no relatives that can manage the funds, it is recommended that a payee be established through VBA, so that there is some oversight of the payee arrangement.

How do you appeal to the Service-Connected Veteran in Community Nursing Homes or Community Living Centers, where the care is fully paid by the VA, to consider Medical Foster Care using the Veteran's own funds?

The following are areas that should be discussed:

- 1) Home type environment vs. nursing home
- 2) One to one care, less residents
- 3) Home cooked meals
- 4) May be able to have a private room
- 5) If physically able will participate in outings with family (trips to the store, comm. activities, etc.
- 6) Flexibility in daily routine

Is it common or acceptable for a MFH to charge a security deposit? How about a late fee?

- 1) Check with state licensing/regulations to see if there are any references for such charges.
- 2) A refundable deposit in an interest bearing account may at times apply (i.e., damage deposit), but probably should not be promoted.
- 3) If security deposit is agreed to between the caregiver and the Veteran, at minimum it should be in an interest bearing account.
- 4) Caution against a non-refundable charge.
- 5) When considering a damage deposit, discuss 'acceptable wear and tear, (soiled mattress?), versus excessive'.
- 6) Security deposit and late fees begin to appear like conventional renting, which MFH certainly is not.
- 7) Security deposit encourages a 'business' atmosphere rather than a personal home environment of care where aging in place is fitting.

Is it permissible to charge the first and last month payment up front?

The agreement is between the Veteran and the caregiver. However, if the caregiver intends to charge up front for last month payment, it will likely preclude referrals, since most newly admitted Veterans require enhancement of their VBA benefits. And if the Veteran agrees to pay up front, there should be documentation of how the Veteran or family will get this money back.

MFH CAREGIVERS

How are caregivers going to be trained to ensure they provide the appropriate level of care to medically complicated Veterans?

The CRC manual is specific about caregiver education. It prescribes that the in order to meet the needs of Veterans, each VA facility must train CRC providers a minimum of twice annually, or encourage them to obtain knowledge and skills in the following areas:

- 1) Provision of personal care specific to ADL.
- 2) Medication management.
- 3) Crisis management and re-hospitalization procedures.
- 4) Provision of supportive and emotional care.
- 5) Nutrition and proper food preparation, distribution, and storage.
- 6) Activity and program planning.
- 7) Applicable VA policies.
- 8) Protecting the Veteran's privacy and confidentiality.
- 9) Local and State laws and ordinances.
- 10) Fire and safety procedures.
- 11) Diversity and ethics training
- 12) Personal boundaries.
- 13) Conflict of interest.

This education is provided to (1) ensure the quality of skills acquired by the provider and/or operator and (2) to address additional issues.

The education of the MFH caregivers regarding the specific care needs and treatment of each Veteran will be the responsibility of the interdisciplinary home care teams.

Are caregivers required to be US citizens?

There is no VA requirement for citizenship; any state rules and regulations would apply, as applicable

Can MFH caregivers also have a foster child?

It would be discriminatory to not allow caregivers to have foster or biological children in the home. Presence of minors in the home should be part of the intended transparency in the caregiver application process, as well as Veteran/caregiver matching process. However, from the VA perspective, our over-riding focus is the availability of 24/7 care for enrolled Veterans, so VA is compelled to ensure that this goal is achieved.

What if a MFH caregiver applies to the program and then changes their mind?

There is no contractual responsibility to follow through with taking a Veteran into the home just because the caregiver went through the application process.

Will caregivers have a say about who is placed in their home?

Yes. We want to make this a positive experience for all involved. One of the most important aspects of the MFH program is matching Veterans to caregivers with whom are most suited to them (and vice versa). When we look at assisting a Veteran in choosing a MFH, we will give information about that Veteran and discuss any questions or concerns the caregiver may have. We should recommend they spend time with the Veteran first, and we should assist in making such arrangements.

What is a MFH caregiver required to furnish to the resident?

MFH caregivers provide three nutritious meals per day, taking into account any dietary restrictions a Veteran may have. Caregivers also provide a clean, comfortable room for the Veteran, supplied with bed, dresser, nightstand, lamp, and chair. Veterans must also have access to a bathroom, laundry facilities, and adequate privacy. Caregivers are required to monitor the Veteran's overall functioning and may need to supervise or assist the Veteran with some of his or her activities. Caregivers are also expected to assist with transportation to and from medical and/or mental health appointments, and monitor the Veteran's medications.

What kind of liability is there for the MFH caregiver?

There are many checks in place to make sure that the caregiver is suitable for the MFH program and that the home meets all of the criteria to provide care to a Veteran. The application process includes requesting: two letters of reference, a criminal background check, verification of home-owners and automobile insurance, verification of a valid driver's license, and CPR and first aid certification. The MFH must be inspected (at minimum once per year) by a team from the VA Medical Center including the interdisciplinary home care team social worker (usually the MFH Coordinator), nurse, dietician, and the VA Fire and Safety Officer. Additionally, caregiver is required to attend VA training twice annually and participate in the home care team visits and overall care plan for the Veteran.

What alternatives are there if local police cannot provide caregiver background checks?

There are several potential options to examine in your area: state police and county sheriffs often will do fingerprinting or your state may have a background check system for adult care homes that you may be able to access. Remember it is best to complete both national and local background checks since offenses that show up on one run may not on another.

Have existing MFH had difficulty with local zoning laws?

No current homes have experienced trouble.

How can respite be arranged for MFH caregivers?

Although inpatient respite care at the VA Medical Center is an option, it may not be feasible for a variety of reasons. Ideally it would be preferential if the Veteran can stay in his/her home. One potential solution is to pair caregivers so that one is the back-up for another in the case of emergency.

What are some ideas for recruiting medical foster home caregivers?

- 1) State licensed adult family care or foster homes
- 2) Community groups for example: church, senior citizen clubs
- 3) VA community organizations
- 4) Ads on community newsletters
- 5) Other caregivers in the community
- 6) Other social agencies or programs like Hospice, Social Service agencies, Legal Services for the Elderly

Can a caregiver become a Medical Foster Care Home for their relative?

The definition of a MFH resident is one with no suitable significant others able to provide the needed monitoring, supervision, and personal assistance. If the caregiver is willing to comply with all of the requirements, and willing to accept other Veterans beside their family member, this can be done. A person cannot be approved as a Medical Foster Care Provider for their own spouse.

HOME CARE TEAMS: HBPC & SCI-HC

How do the services provided by the part-time home care staff (.25 FTE) differ from the services provided by full-time HBPC staff?

The services from the .25 positions, which are recommended to include a nurse, Occupational Therapist, and Recreational Therapist, will add to the services already provided by the HBPC or the SCI Home Care Program. The nursing and OT positions will function in the same manner as other similar positions in home care; the Recreational Therapist will be supplemental to most home care programs, and will serve to engage MFH Veterans in meaningful activities. These disciplines will be important to provide a better-rounded program to

the target population, specifically OEF/OIF Polytrauma Veterans, but can also have a positive impact with all Veterans utilizing the MFH Program.

What provision can be made for on-call issues for Medical Foster care for evenings, weekends and holidays?

On-call coverage should follow established HBPC, or SCI-Home Care procedures.

What is the role of the MFH nurse?

The nurse is part of the interdisciplinary home care team. All of the HBPC or SCI HC staff will share equally in the responsibilities of caring for Veterans regardless of whether they reside in an owned home, a rented home, or a MFH.

MFH QUALITY OVERSIGHT

What about VA liability for Veterans getting proper care?

VA Regional Counsel's office should be involved and consulted in any particular situation in which we suspect legal action may be taken. The arrangement for services is between the Veteran and the caregiver, and VA liability is similar to that for Veterans in Community Nursing Homes and Community Residential Care facilities. It is important to keep in mind that many MFHs will not be licensed by a state jurisdiction; for this reason it is especially important to follow program policy and guidance as outlined in the MFH Handbook.

What quality measures are followed for the Medical Foster Care Program?

Refer to page 16 and 17 of the Community Residential Care Handbook. The information also appears on pages 22 and 23 of the draft version of the Medical Foster Care Handbook.

Quality measures also include MFH Coordinator visits, including a contact within 24 hours of placement, home visit within 2 weeks of placement, and unannounced visits at least monthly to each home with Veterans. The VA Home Care staff is also observing for quality of care issues each time they are in the home.

How are Veterans monitored for early recognition of abuse or neglect?

- 1) Within 24 hours of placement: MFH Coordinator or PSA contacts the MFH to check on the Veteran and the MFH caregiver. The MFH caregiver is asked if he or she received adequate instructions regarding Veteran's medical condition and his/her care needs.
- 2) Within two weeks of placement: MFH Coordinator makes a home visit to evaluate adjustment of caregiver and Veteran.
- 3) Monthly: Unannounced visits by MFH Coordinator to:
 - a) Observe for abuse/neglect. Veterans are offered immediate removal if their health or welfare is in danger.
 - b) Determine if the MFH caregiver leaves the Veteran without adequate supervision.
 - c) Observe for caregiver stress (may need to encourage respite or request caregiver to hire assistance for relief.
 - d) Observe for conflicts between or among any of the involved parties: Veterans, MFH caregiver, family members (Veteran's or the caregiver's), friends, and VA staff.
 - e) Encourage the MFH caregiver, the Veteran, family, or surrogate to seek help from the MFH Coordinator to resolve conflicts and address problems that arise in the home.
 - f) Monitor for financial issues: inadequate, late, or no payments; complaints about rate amounts or changes; concerns relating to vacancies and decreased income, etc.

- g) Discuss potential violations of the written agreement between the Veteran and the MFH caregiver and assist Veteran in selecting and moving to another MFH if the situation persists.
- h) Reeducate the Veteran and the MFH caregiver as needed about each other's rights and responsibilities.
- i) Explore the Veteran's ongoing adjustment to the MFH environment and to the MFH caregiver.
- j) Communicate all instructions or information, both verbally and in writing, to the Veteran, MFH caregivers, families, and surrogate.
- k) Ensure compliance with all program regulations.

How often are Medical Foster Care Veterans seen by the MFH Coordinator?

The MFH coordinator should visit the Veteran at least once a month. Veteran will be visited by HBPC/SCI home care teams according to their established treatment plans or earlier if medically necessary.

If we find a life safety issue in the Medical Foster Care, and we remove the Veteran, does VA have any involvement concerning non-Veterans?

As health care professionals, we are mandated reporters and as such it is incumbent upon us to inform our concerns to the state office of Long Term Care and if there are surrogates, to them.

If there are adjustment problems in the medical foster care home, can the Veteran be transferred to another Medical Foster Care Home?

If there are adjustment problems in the medical foster care home, and after the Coordinator mediates and assesses that nothing is going to change, the Coordinator should assist Veteran or surrogate in writing a letter giving a 30 day notice unless there is concern that necessitates immediate removal.

What is the process for reporting a Veteran death in the home?

One should follow the local HBPC or SCI Home Care procedures for the caregiver to report a death in the MFH home (e.g., "on call" nurse; or urgent care). These procedures should follow local and state guidelines regarding calling the police or Medical Examiner (Coroner).

What is the process of reporting Adverse or Sentinel events?

One should follow their individual facility's procedures. HBPC and/or SCI Home Care programs report events related to the Veteran. MFH Coordinator would be responsible to report events related to the caregiver and/or home. The CRC Handbook requires that events are reported to the National CRC office.

What action does the Coordinator take if the Veteran asks to be removed from the Home?

Discuss situation with both Veteran and caregiver. If Veteran final decision is to be moved, MFH coordinator will assist with securing another MFH or community facility bed after discussing situation with prospective caregiver. If immediate move is necessary, the required 30 days notice in the agreement will be discussed with Veteran and caregiver. If not, the Veteran will adhere to the 30 day policy.

Under what circumstances a Medical Foster Care Home would be terminated?

If MFH does not comply with program regulations and recommendations for corrections are not completed the MFH coordinator will follow CRC guidelines for termination of services (VHA Handbook 1140.01 section 11). If the MFH decides to discontinue service, ask for this request in writing. MFHs should give at least 30 days notice to MFH Coordinator.

PHYSICAL SPACE

Can the caregiver rent space to provide MFH care?

The VA MFH initiative recognizes caregivers whether they reside in their own home or they rent, but the latter does pose special concerns for VA review. If caregiver rents space, look for stability. How long has the family rented their current home and if their rental history seems stable. If the property owner decides to sell the home or apartment building after using HISA grant, and caregiver has to move, this clearly is disruptive to the Veteran and other residents.

VA recommends the caregiver create a brief statement that listed the property and the property owner. The signed statement is an acknowledgement that owner/landlord new their tenant was planning to care for Veterans in their home and that they were in agreement. It stated that they would maintain and repair what they, as landlords, were obligated to do. This upfront statement hopefully will ensure, for example, if the heating unit went out in the middle of winter that they would rectify the situation quickly. If a landlord sees a tenant making money from providing home care, they may decide to raise the rent. So it must be stable and the tenant should be upfront with the landlord.

Also, recommend the Veteran acquire renters insurance if they have substantial property value. If the caregiver does something negligent so that the resident is either injured or loses property, then the resident can look at the homeowners' insurance policy for compensation, however, if it is an "act of god" then there is little remedy to recover lost property.

Rented homes or apartments do pose special safety and accessibility issues. Apartments can be tricky – they need to be on the first floor and meet the fire and safety standards. Structural modifications if needed are sometimes difficult, for example windows, doors, etc. And some landlords will not allow them. Use of HISA grant will be a challenge as permission will be needed from the owner of the property.

Can the caregiver have a pool on premises?

Pools are a safety hazard, especially to the resident with dementia, but as long as a caregiver is willing to install a safety fence protecting the residents from unsupervised use, a pool may be acceptable.